ATTACHMENT L-12

PROPOSAL PREPARATION INFORMATION

In preparing their proposal, offerors may wish to consider the Government's outline for the evaluation. This document provides an outline of those items the Government will address in the evaluation as they relate to each objective. The Government is not in any way limited by the following. Rather, the following is provided to assist offerors in structuring their proposal.

OBJECTIVE: Objective 1 – In partnership with the Military Health System (MHS), optimize the delivery of health care services in the direct care system (see the definition of Military Treatment Facility Optimization in the TRICARE Operations Manual, Appendix A) for all MHS beneficiaries (active duty personnel, Military Treatment Facility (MTF) enrollees, civilian network enrollees, and non-enrollees).

EVALUATION SCOPE: M.6.a. MHS optimization

Proposals will be evaluated for supporting the optimization of the direct care system (see the definition of Military Treatment Facility Optimization in the TRICARE Operations Manual, Appendix A) through collaborative, DoD directed efforts in areas of medical management, referral management, provider network management, beneficiary and provider education, beneficiary/customer services, data management and data sharing, and resource sharing.

PROPOSAL SUBMISSION INSTRUCTIONS:

L-14.e.(1)(a) The contractor shall detail its procedures, standards, and internal quality monitoring and reporting processes that are capable of supporting the optimization of the health care services available within each MTF. The offeror shall detail how its processes will meet the standards and achieve the objective. The description shall include:

L-14.e.(1)(a)[1] The offeror's medical management program (MMP) in relation to how it will support the direct care system; integrate care across the direct and purchased care components of the Defense Health Program (DHP); identify beneficiaries requiring medical management services; accommodate and respond to planned and unplanned changes in the capability and capacity of each MTF; educate beneficiaries, the MTF and network providers about the offeror's medical management program; identify and integrate all sources of funding and assistance; and share data supporting the identification and timely treatment of beneficiaries appropriate for the offeror's proposed medical management program.

L-14.e.(1)(a)[2] The offeror's network development and operations program as it relates to optimizing each MTF. The description shall include:

-- How network sizing model is designed to support MTF optimization. The discussion of the model shall include how the number and specialty of providers in Prime areas relate to MTF capabilities and capacities and how this sizing supports the capability and capacity of the MTF to ensure that MTF primary care providers have ready access to specialty care providers and how network primary care providers will utilize the specialists available at the MTF. Offerors shall demonstrate the number and specialty of providers determined appropriate by the offeror's model in the following Prime Service Areas, only. Offeror's shall also explain how they will ensure networks of the size proposed in each of the following areas.

South Region	Eisenhower Army Medical Center, Ft. Gordon, GA Reynolds Army Community Hospital, Ft. Sill, OK Naval Clinic, Millington, TN
West Region	Naval Medical Center, San Diego, CA Munson Army Community Hospital, Ft. Leavenworth, KS USAF Clinic, Mountain Home AFB, ID
North Region	Wright-Patterson Medical Center, OH Ireland Army Community Hospital, Ft. Know, KY Guthrie Army Health Clinic, Ft. Drum, NY

-- How network sizing model will ensure that network access standards in every Prime service area for every specialty will be achieved to ensure that MTF providers have ready access to the clinical resources not available within the MTF in support of their clinical management of the patient.

-- How the offeror's referral management processes will direct all MHS beneficiaries to the MTF when capability and capacity exists and how the offeror will support this process through its network management activities.

-- How the offeror's TRICARE Prime enrollment and assignment processes (to include PCM by name) will ensure MTF optimization while maintaining a compliment of network primary care providers sufficient to ensure that TRICARE Prime is available to all interested beneficiaries.

-- How TRICARE Plus enrollment will be accomplished for all MHS eligible beneficiaries and supported by the network to ensure ready access to specialty services.

-- How the offeror's capabilities to support resource sharing will enhance the MTFs capability and capacity. This description must include the criteria the offeror will utilize to determine when it will support a resource sharing request from the Government and the processes the offeror will utilize to identify potential resource sharing opportunities to the Government. Offerors need not provide lists of potential resource sharing opportunities.

-- How the offeror's management and data analysis and support systems are designed to optimize MTF and network resources.

L-14.e.(1)(a)[3] The offeror shall describe it's program for collaborating with the MTF to achieve optimization while recognizing the dynamic environment in which the MTF functions and the DHP's mission of having a fully trained, immediately deployable medical component capable of fulfilling any mission directed by Department of Defense leadership, the President, and/or Congress.

L-14.e.(1)(a)[4] The offeror shall explain how its medical management, referral, MHS beneficiary and provider education, and associated processes for MTF enrollees, including active duty personnel, will enhance the MTF Commander's ability to optimize the MTF.

L-14.e.(1)(a)[5] The offeror will explain how its beneficiary and provider education programs will optimize the MTF. The explanation shall include:

-- How the provider education program will ensure that network providers are aware of the capabilities and capacities of the MTF, the extremely high clinical quality of services rendered at MTFs, and their responsibility to advise their patients of the benefits of selecting an MTF provider.

-- How the MHS beneficiary education program will enhance beneficiaries desire to use the MTF as their preferred provider, the requirement for Prime enrollees to use the MTF, the financial benefits of using the MTF, and how their use of the MTF supports their health care system. (See the TRICARE Operations Manual, Chapter 12, Section 1.)

REQUIREMENTS:

C-7.1. The contractor shall provide a managed, stable, high-quality network, or networks, of individual and institutional health care providers which complements the clinical services provided to MHS beneficiaries in MTFs and promotes access, quality, beneficiary satisfaction, and "best value health care" for the Government. (See the TOM, Appendix A for the definition of best value health care.)

C-7.1.3. Provider networks for the delivery of Prime and Extra services shall be established to ensure that all access standards are met at the start of health care delivery and continuously maintained in all TRICARE Prime areas. TRICARE Prime areas are defined as a forty-mile radius around catchment areas, the designated military treatment facilities in Attachment 11, Base Realignment and Closure (BRAC) sites, and any additional Prime sites proposed by the contractor. The network must include providers that accept Medicare assignment in sufficient quantity and diversity to meet the access standards of 32 CFR 199.17 for the MHS Medicare population residing in the area.

C-7.1.5. The contractor shall ensure that provider networks and services can be adjusted as necessary to compensate for changes in MTF capabilities and capacities. The contractor shall also ensure that all eligible beneficiaries who live in Prime service areas have the opportunity to enroll, add additional family members, or remain enrolled in the Prime program regardless of such changes. MTF capabilities and capacities may change frequently over the life of the contract without prior notice. The contractor shall adjust the capabilities and capacities of the network to compensate for such changes when and where they occur over the life of the contract, including short notice of unanticipated facility expansion, provider deployment, downsizing and/or closures.

C-7.1.6. The contractor shall inform potential network providers, through network provider agreements, that they agree to being reported to the Department of Veterans

Affairs (DVA) as a TRICARE network provider. The contractor shall request potential non-institutional network providers to accept requests from the DVA to provide care to veterans. The agreement will give the DVA the right to directly contact the provider and request that he/she provide care to veteran (VA) patients on a case by case basis. The TRICARE network provider is never obligated to see the VA patient, but, if seen by the network provider, any documentation of the care rendered to the VA patient and reimbursement for the care is a matter between the referring VA Medical Center (VAMC) and the provider. The referral and instructions for seeking reimbursement from the VAMC will be provided by the patient at the time of the appointment. Those providers who express a willingness to receive DVA queries as to availability shall be indicated in a readily discernable manner on all public network provider listings. (Note: Nothing prevents the VA and the provider from establishing a direct contract relationship if the parties so desire. When a direct contract is in place, the contractor may deviate from this section.)

C-7.1.6.1. The contractor shall inform potential network providers, through network provider agreements, that they agree to being reported to Civilian Health and Medical Program of the Veteran's Administration (CHAMPVA) as a TRICARE network provider. The contractor shall request potential network providers (individual, home health care, free-standing laboratories, and radiology only) that they accept assignment for CHAMPVA beneficiaries. The contractor shall ask all providers proposed for the network to accept assignment (see the CHAMPVA beneficiary locations in the data package, Attachment 8). The contractor shall not make this request a condition of participating in the TRICARE network but an option. Providers need see only CHAMPVA beneficiaries when their practice availability allows and shall not give preferential appointment scheduling to CHAMPVA over TRICARE appointments. Network providers are not required to meet access standards for CHAMPVA beneficiaries, but are encouraged to do so. The contractor shall also provide to the provider the CHAMPVA-furnished claims processing instructions (Attachment 1) on submitting CHAMPVA claims to the VA Health Administration Center (P.O. Box 65024, Denver, CO 80206-9024) for payment. Providers at their discretion, may offer the negotiated TRICARE discount directly to CHAMPVA. For any published network provider listing, the contractor shall indicate in a readily discernable manner which providers accept CHAMPVA assignment on claims.

C-7.1.9. The network, or networks, shall complement services provided by MTFs in the region. They shall be sufficient in number, mix, and geographic distribution of fully qualified providers to provide the full scope of benefits for which all Prime enrollees are eligible under this contract, as described in 32 CFR 199.4, 199.5, and 199.17. The contractor's provider networks shall also support the requirements of special programs described in the TRICARE Operations Manual and TRICARE Policy Manual.

C-7.1.16. The contractor shall ensure that network specialty providers provide clearly legible specialty care consultation or referral reports, operative reports, and discharge summaries to the beneficiary's initiating provider within 10 working days of the specialty encounter 98% of the time. In urgent/emergent situations, a preliminary report of a

specialty consultation shall be conveyed to the beneficiary's initiating provider manager within 24 hours (unless best medical practices dictate less time is required for a preliminary report) by telephone, fax or other means with a formal written report provided within the standard 98% of the time. All consultation or referral reports, operative reports, and discharge summaries shall be provided to the provider who initiated the referral within 30 calendar days. (Preferred method of delivery to MTF providers is electronic and will be addressed in the Memorandum Of Understanding (MOU)). If the accreditation standards organization has a more stringent specialty referral-reporting requirement, the contractor shall adhere to that standard.

C-7.2. The contractor shall audit two percent or ten referrals, whichever is greater, of referrals from each MTF monthly to validate the return of all required information within the standard addressed in paragraph C-7.1.16. The two percent sample shall be selected randomly. The contractor shall report the results of the audit to the Administrative Contracting Officer with a copy to the Regional Director and the MTF Commander no later than 45 calendar days following the month from which the sample was selected. The contractor shall develop and implement a corrective action plan every time the audit discloses a failure to respond within standards in more than two percent of the sample.

C-7.3. The contractor's referral management processes shall include a provision for evaluating the proposed service to determine if the type of service is a TRICARE benefit and informing the beneficiary prior to the visit in the event the requested service is not a TRICARE benefit. This shall not be a preauthorization review. Rather, this process shall be a customer service/provider relation's function providing an administrative coverage review. This service shall be accomplished for every referral received by the contractor regardless of whether it was generated by an MTF, network provider or non-network provider.

C-7.3.1. In TRICARE Prime areas that include an MTF, the MTF has the right of first refusal for all referrals and shall be addressed in the MOU. First right of refusal is defined as providing the MTF with an opportunity to review each referral from a civilian provider to determine if the MTF has the capability and capacity to provide the treatment. All electronic referrals to an MTF shall be by the appropriate HIPAA-compliant transaction.

C-7.3.2. Ninety-six percent of referrals of MHS beneficiaries, residing in TRICARE Prime service areas who seek care through the contractor, shall be referred to the MTF or a civilian network provider. This percentage shall include services rendered in network institutions by hospital-based providers even though no formal referral was made to that individual. The contractor shall achieve improved performance levels related to this requirement in each contract period. The Administrative Contracting Officer may grant an exception to this requirement based upon a fully justified written request from the contractor demonstrating that it is in the best interest of the Government to grant the exception.

C-7.5. The contractor shall establish a system that ensures that care received outside the MTF and referred by the MTF for MTF enrollees is properly entered into the contractor's claims processing system to ensure the appropriate adjudication of claims for enrollee's care. The MTF will transmit referral information in a HIPAA compliant manner. The contractor, using its authority as a Peer Review Organization, shall apply its own utilization management practices to inpatient care received by MTF enrollees in a civilian setting that extends beyond the initial diagnosis related groups (DRG) for which the MTF authorization was issued. The contractor shall fax a copy (or by other electronic means addressed in each MTF MOU) of these utilization management decisions to the MTF Commander the day the decision is made.

C-7.7. The contractor shall operate a medical management program for all MHS eligible beneficiaries receiving care in the civilian sector, except as specified in Section C-7.7.1, that achieve the objectives of this contract. The contractor's medical management program must fully support the services available within the MTF.

C-7.7.1. The contractor shall operate programs designed to manage the health care of individuals with high-cost conditions or with specific diseases for which proven clinical management programs exist. These programs shall be available to TRICARE eligible beneficiaries authorized to receive reimbursement for civilian health care per 32 CFR 199 and active duty personnel whose care occurs or is projected to occur in whole or in part in the civilian sector. When care occurs within an MTF, the contractor is responsible for coordinating the care with the MTF clinical staff as well as the civilian providers. The contractor shall propose medical management programs and patient selection criteria for review and approval of the Regional Administrative Contracting Officer prior to implementation and annually thereafter.

C-7.7.1.1. In cooperation with the MTF, the contractor shall coordinate the care and transfer of patients who require a transfer from one location to another. This function shall include coordination with the primary clinician at the losing and gaining sites, the patient's family, arranging medically appropriate patient transport, ensuring all necessary supplies are available during the transport and at the receiving location, arranging for and ensuring the presence of all necessary medical equipment during transport and at the receiving location, and identifying and ensuring the availability of necessary resources to accomplish the transfer. Transfers may occur as a result of medical, social, or financial reasons and include moves of non-institutionalized and institutionalized patients.

C-7.16. The contractor shall establish a customer service presence for all MHS eligible beneficiaries, including traveling beneficiaries, at each catchment area, designated MTF in Attachment 11, Prime service area, and BRAC site either within the MTF or the base is space is available, or if a BRAC site, at a location convenient to beneficiaries. These sites, and any other similar site established by the contractor, shall be named TRICARE Service Centers (TSCs) regardless of the extent of services offered. The data package described in Attachment 8 describes the space, if available, at each MTF. Where the space is insufficient to support all TRICARE Service Center activities, the contractor shall establish those customer service activities not available on site in a manner that is

convenient to beneficiaries and provides the highest service levels. The contractor shall maintain a sufficient supply of TRICARE education and marketing materials at each TSC to adequately support information requests. When furnished by the DVA the contractor shall maintain quantities of information on VA and CHAMPVA at each TSC [the contractor shall furnish the VA Health Administration Center (P.O. Box 65024, Denver, CO 80206-9024) its central address for delivery of these materials.]. The contractor shall have the ability to provide TSC services during periods when access to the TSC physical space is limited or terminated as a result of weather, war, security, or MTF/Base Commander's decision.

C-7.24. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 4.0.

C-7.25. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. A copy of the documents describing the internal quality management/quality improvement program shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. A report listing problems identified by the contractor's internal quality management/quality improvement program and the corrective actions planned/initiated shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. The contractor shall provide a quarterly briefing in person or via video teleconference, as proposed by the contractor to the Regional Director and TMA staff on the contractor's ongoing internal quality improvement program. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7; Attachment 10 National Quality Forum, "Serious Reportable Events in Healthcare"; and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

C-7.39. The contractor shall meet with each Regional Director and each MTF in a collaborative and partnering manner to ensure balanced specialty workloads using the contractor's referral protocols with the MTF as the first referral site. The contractor shall provide each MTF with referral information concerning any MTF enrollee within 24 hours of a referral.

OBJECTIVE: Beneficiary satisfaction at the highest level possible throughout the period of performance, through the delivery of world-class health care as well as customer friendly program services. Beneficiary must be highly satisfied with each and every service provided by the contractor during each and every contact.

EVALUATION SCOPE: M.6.b. Beneficiary Satisfaction

The contractor's ability to highly satisfy TRICARE customers during each and every contact will be evaluated. The Government will evaluate the contractor's network access and stability model; referral management procedures; enrollment processing; all accessible avenues to customer service, including the variety of contemporary avenues (for example, telephone, facsimile, world wide web, e-mail) available to beneficiaries, providers, and MTFs to access information and data. The Government will also evaluate the offeror's ability to promptly and accurately process and reimburse claims. Proposals will be evaluated on the degree to which Government furnished material will be presented in a manner interesting to varied audiences and the offeror's ability to answer questions from the audience. The Government will also evaluate the standards proposed by offerors as well as the offeror's commitment to increase performance standards, as necessary, to achieve the objective of highly satisfied beneficiaries.

PROPOSAL SUBMISSION INSTRUCTIONS:

L-14.e.(2) Subfactor 2 - Establish and maintain MHS beneficiary satisfaction at the highest level possible throughout the period of performance, through the delivery of world-class health care as well as customer friendly program services. Beneficiaries must be highly satisfied with each and every service provided by the contractor during each and every contact.

L-14.e.(2)(a) The offeror shall describe its proposal for achieving highly satisfied TRICARE beneficiaries. The description shall include the offeror's proposed measurement and calculation of customer satisfaction. The offeror's explanation is to assist the Government evaluation of the contractor's ability to perform and manage customer satisfaction.

L-14.e.(2)(b) The offeror shall describe how its model for network sizing will result in highly satisfied beneficiaries while considering the diversity of the direct care and civilian health care market in each prime service area. The description shall demonstrate that the proposed number of providers is sufficient to meet the time and distance access standards of 32 CFR 199.17. The description shall include the offeror's program for ensuring the providers are properly versed in TRICARE requirements. The contractor shall demonstrate that the provider specialties contained in the proposed network are sufficient to provide the full range of TRICARE covered benefits. The offeror shall also describe how they will provide coverage in Prime service areas where a full complement of providers is not available. Additionally, the offeror shall propose its method for maintaining a current directory of network providers as well as their ability to accept new patients. The offeror shall demonstrate that its quality improvement plan will accurately

measure its performance against the minimum standards of 32 CFR 199.17, and that the offeror is structured in a manner to rectify any deficiency immediately.

L-14.e.(2)(c) The offeror shall describe how its referral management process will highly satisfy beneficiaries. The description shall include the process itself, how beneficiaries will be advised of the availability of MTF and network providers, how the offeror will ensure appointments are available from providers to whom MHS beneficiaries are referred, how providers to whom beneficiaries are referred are determined convenient to the beneficiary, how the provider will work with the PCM to ensure information is shared timely to ensure a productive visit, and how the referral process will be as minimally disruptive to the beneficiary as possible.

L-14.e.(2)(d) The offerors description of the TRICARE Services Centers (TSC) shall include the services to be provided at each TSC as well as the offeror's proposal for accommodating and delivering TSC functions where Government furnished space is insufficient.

L-14.e.(2)(e) The offeror shall provide a comprehensive description of its proposed customer services, to include enrollment processing, and explain how the proposed level of services will highly satisfy all TRICARE beneficiaries. This description shall include location of staff, modes of access, processes for achieving performance standards, quality monitoring, and management's ability to improve services immediately upon determining that TRICARE beneficiaries are less than highly satisfied with the offeror's service.

L-14.e.(2)(f) The contractor shall describe its claims processing system and reimbursement procedures. The offeror shall explain its strategy for increasing the claims it will receive electronically. The offeror must recognize that claims for TRICARE/Medicare dual eligible beneficiaries will be processed under a separate contract. This does not negate the Managed Care Support Contractor's responsibility to provide all other services in a manner that achieves highly satisfied TRICARE/Medicare dual eligible beneficiaries.

L-14.e.(2)(g) The offeror will describe the minimum qualifications of the education staff and explain how these minimum qualifications will result in the dynamic presentation of the Government furnished marketing and education material and the ability to answer questions from the varied audiences.

L-14.e.(2)(h) The offeror shall describe its presentation techniques and the skill of its presenter. The offeror will demonstrate how the presentations will be tailored to match the various audiences' members.

L-14.e.(2)(i) The offeror shall discuss the extent to which it will replicate the geographic areas currently offering TRICARE Prime specified in Section L, Attachment 8. The offeror shall specifically identify only those geographic areas where TRICARE Prime will not be continued based on the offeror's proposal. The discussion shall include the

offeror's rationale for excluding one or more existing TRICARE Prime service areas. Offerors shall not propose to exclude any required TRICARE Prime Service Area.

REQUIREMENTS:

C-7.1. The contractor shall provide a managed, stable, high-quality network, or networks, of individual and institutional health care providers which complements the clinical services provided to MHS beneficiaries in MTFs and promotes access, quality, beneficiary satisfaction, and "best value health care" for the Government. (See the TOM, Appendix A for the definition of best value health care.)

C-7.1.3. Provider networks for the delivery of Prime and Extra services shall be established to ensure that all access standards are met at the start of health care delivery and continuously maintained in all TRICARE Prime areas. TRICARE Prime areas are defined as a forty-mile radius around catchment areas, the designated military treatment facilities in Attachment 11, Base Realignment and Closure (BRAC) sites, and any additional Prime sites proposed by the contractor. The network must include providers that accept Medicare assignment in sufficient quantity and diversity to meet the access standards of 32 CFR 199.17 for the MHS Medicare population residing in the area.

C-7.1.5. The contractor shall ensure that provider networks and services can be adjusted as necessary to compensate for changes in MTF capabilities and capacities. The contractor shall also ensure that all eligible beneficiaries who live in Prime service areas have the opportunity to enroll, add additional family members, or remain enrolled in the Prime program regardless of such changes. MTF capabilities and capacities may change frequently over the life of the contract without prior notice. The contractor shall adjust the capabilities and capacities of the network to compensate for such changes when and where they occur over the life of the contract, including short notice of unanticipated facility expansion, provider deployment, downsizing and/or closures.

C-7.1.7. The contractor shall ensure that the standards for access, in terms of beneficiary travel time, appointment wait time, and office wait time for various categories of services contained in 32 CFR 199.17(p)(5) are met for beneficiaries residing in a TRICARE Prime service area. These standards shall be met in a manner which achieves beneficiary satisfaction with access to network providers and services as set forth in the contract.

C-7.1.8. The contractor shall maintain an accurate, up-to-date list of network providers including their specialty, gender, work address, work fax number, and work telephone number for each service area, whether or not they are accepting new beneficiaries, and the provider's status as a member of the Reserve Component or National Guard. The contractor shall provide easy access to this list, to include making it available upon request, for all beneficiaries, providers, and Government representatives. The contractor shall, at a minimum, maintain this list in a Microsoft Excel compatible format; the contractor agrees not to claim any proprietary interest in the Microsoft Excel compatible list. For the purposes of this requirement, "up-to-date" means an electronic, paper, telephone or combination of these approaches that accurately reflects the name, specialty, gender, work address, and work telephone number of each network provider and whether

or not the provider is accepting new patients. The information contained on all electronic lists shall be current within the last 30 calendar days.

C-7.1.9. The network, or networks, shall complement services provided by MTFs in the region. They shall be sufficient in number, mix, and geographic distribution of fully qualified providers to provide the full scope of benefits for which all Prime enrollees are eligible under this contract, as described in 32 CFR 199.4, 199.5, and 199.17. The contractor's provider networks shall also support the requirements of special programs described in the TRICARE Operations Manual and TRICARE Policy Manual.

C-7.1.12. The contractor shall ensure that all network providers and their support staffs gain a sufficient understanding of applicable TRICARE program requirements, policies, and procedures to allow them to carry out the requirements of this contract in an efficient and effective manner which promotes beneficiary satisfaction. This requirement pertains to all network providers and their staff and to TRICARE-authorized providers in the region. The contractor shall use the education material provided by the Government.

C-7.3. The contractor's referral management processes shall include a provision for evaluating the proposed service to determine if the type of service is a TRICARE benefit and informing the beneficiary prior to the visit in the event the requested service is not a TRICARE benefit. This shall not be a preauthorization review. Rather, this process shall be a customer service/provider relation's function providing an administrative coverage review. This service shall be accomplished for every referral received by the contractor regardless of whether it was generated by an MTF, network provider or non-network provider.

C-7.3.2. Ninety-six percent of referrals of MHS beneficiaries, residing in TRICARE Prime service areas who seek care through the contractor, shall be referred to the MTF or a civilian network provider. This percentage shall include services rendered in network institutions by hospital-based providers even though no formal referral was made to that individual. The contractor shall achieve improved performance levels related to this requirement in each contract period. The Administrative Contracting Officer may grant an exception to this requirement based upon a fully justified written request from the contractor demonstrating that it is in the best interest of the Government to grant the exception.

C-7.5. The contractor shall establish a system that ensures that care received outside the MTF and referred by the MTF for MTF enrollees is properly entered into the contractor's claims processing system to ensure the appropriate adjudication of claims for enrollee's care. The MTF will transmit referral information in a HIPAA compliant manner. The contractor, using its authority as a Peer Review Organization, shall apply its own utilization management practices to inpatient care received by MTF enrollees in a civilian setting that extends beyond the initial diagnosis related groups (DRG) for which the MTF authorization was issued. The contractor shall fax a copy (or by other electronic means addressed in each MTF MOU) of these utilization management decisions to the MTF Commander the day the decision is made.

C-7.6. The contractor shall provide comprehensive, readily accessible customer services that includes multiple, contemporary avenues of access (for example, e-mail, world wide web, telephone, facsimile, et cetera) for the MHS beneficiary. Customer services shall be delivered in a manner that achieves the objectives of this contract without charge to beneficiaries or providers.

C-7.7. The contractor shall operate a medical management program for all MHS eligible beneficiaries receiving care in the civilian sector, except as specified in Section C-7.7.1, that achieve the objectives of this contract. The contractor's medical management program must fully support the services available within the MTF.

C-7.7.1. The contractor shall operate programs designed to manage the health care of individuals with high-cost conditions or with specific diseases for which proven clinical management programs exist. These programs shall be available to TRICARE eligible beneficiaries authorized to receive reimbursement for civilian health care per 32 CFR 199 and active duty personnel whose care occurs or is projected to occur in whole or in part in the civilian sector. When care occurs within an MTF, the contractor is responsible for coordinating the care with the MTF clinical staff as well as the civilian providers. The contractor shall propose medical management programs and patient selection criteria for review and approval of the Regional Administrative Contracting Officer prior to implementation and annually thereafter.

C-7.7.1.1. In cooperation with the MTF, the contractor shall coordinate the care and transfer of patients who require a transfer from one location to another. This function shall include coordination with the primary clinician at the losing and gaining sites, the patient's family, arranging medically appropriate patient transport, ensuring all necessary supplies are available during the transport and at the receiving location, arranging for and ensuring the presence of all necessary medical equipment during transport and at the receiving location, and identifying and ensuring the availability of necessary resources to accomplish the transfer. Transfers may occur as a result of medical, social, or financial reasons and include moves of non-institutionalized and institutionalized patients.

C-7.10. All enrollments, re-enrollments, disenrollments, and transfers, to include enrollment activities of TRICARE Plus, shall be in accordance with the provisions of the TRICARE Operations Manual, Chapter 6 and the TRICARE Systems Manual. The contractor shall accomplish primary care manager by name assignment in accordance with the TRICARE Systems Manual.

C-7.14. The contractor shall provide commercial payment methods for Prime enrollment fees that best meets the needs of beneficiaries. The contractor shall accept payment of fees by payroll allotment or electronic funds transfer from a financial institution as well as other payment types (e.g., check, credit cards) in sufficient variations to achieve beneficiary satisfaction. The contractor shall not require beneficiaries to pay an administrative fee of any kind for use of a particular payment option offered by the contractor. The contractor shall accept payment of enrollment fees on a monthly,

quarterly, or annual basis. The contractor shall provide beneficiaries with written notice of a payment due in accordance with the TRICARE Operations Manual and when beneficiaries are delinquent.

C-7.16. The contractor shall establish a customer service presence for all MHS eligible beneficiaries, including traveling beneficiaries, at each catchment area, designated MTF in Attachment 11, Prime service area, and BRAC site either within the MTF or on the base if space is available, or if a BRAC site, at a location convenient to beneficiaries. These sites, and any other similar site established by the contractor, shall be named TRICARE Service Centers (TSCs) regardless of the extent of services offered. The data package described in Attachment 8 describes the space, if available, at each MTF. Where the space is insufficient to support all TRICARE Service Center activities, the contractor shall establish those customer service activities not available on site in a manner that is convenient to beneficiaries and provides the highest service levels. The contractor shall maintain a sufficient supply of TRICARE education and marketing materials at each TSC to adequately support information requests. When furnished by the DVA the contractor shall maintain quantities of information on VA and CHAMPVA at each TSC [the contractor shall furnish the VA Health Administration Center (P.O. Box 65024, Denver, CO 80206-9024) its central address for delivery of these materials.]. The contractor shall have the ability to provide TSC services during periods when access to the TSC physical space is limited or terminated as a result of weather, war, security, or MTF/Base Commander's decision.

C-7.18. The Contractor shall provide assistance in accessing information about other Department of Defense programs and applicable community/state/federal health care and related resources for all MHS eligible beneficiaries who require benefits and services beyond TRICARE. This function shall be referred to as Health Care Finder Services.

C-7.20.2. The contractor shall establish twenty-four hour, seven days a week, nationally accessible (to include Hawaii and Alaska) telephone service, without long distance charges, for all MHS beneficiaries, including beneficiaries travelling in the contractor's area seeking assistance in locating a network provider. This function shall be accomplished with live telephone personnel only.

C-7.21.3. Nationally recognized paper claim forms (UB-92, HCFA 1500s, and their successors) or TRICARE-specific paper claim forms (DD Form 2642) shall be accepted for processing. Standardized electronic transactions and code sets as required by the Administrative Simplification section of the Health Insurance Portability and Accountability Act (HIPAA) shall be accepted.

C-7.21.4. The contractor shall, as one means of electronic claims submission, establish and operate a system for two-way, real time interactive Internet Based Claims Processing (IBCP) by providing web based connectivity to the claims/encounter processing system for both institutional and non-institutional claims processing. This IBCP system shall provide immediate eligibility verification by connectivity to DEERS and provide current deductible, Catastrophic Cap, and cost share/co-payment information to the provider on-

line by connectivity to the DEERS catastrophic loss protection function and connectivity to the authorization system. - The IBCP system shall comply with Department of Defense Information Technology Security Certification and Accreditation process (DITSCAP) and encryption requirements. The contractor shall regularly update the IBCP system to utilize newer encryption security protocols.

C-7.21.10. Claims requiring additional information may be returned or developed for the missing information. The contractor shall ensure that all required information is requested with the initial return or development action and that no claim/encounter is returned/developed for information that could have been obtained internally or from DEERS. The contractor shall ensure that an adequate audit trail is maintained for all returned or denied claims.

C-7.21.16. The contractor shall accurately reimburse network providers in accordance with the payment provisions contained in the provider agreement/contract. The contractor's reimbursement to network providers shall not exceed the amount which would have been reimbursed using the TRICARE payment methodologies and limits contained in 32 CFR 199.14, the TRICARE Policy Manual, and TRICARE Reimbursement Manual.

C-7.21.17. The contractor shall accurately reimburse non-network provider claims in accordance with applicable statutory (Chapter 55, Title 10, United States Code) and regulatory provisions (32 CFR 199.14), and implementing instructions in the TRICARE Policy Manual and TRICARE Reimbursement Manual.

C-7.22. The contractor shall provide to each beneficiary and each non-network participating provider an Explanation of Benefits (EOB) that describes the action taken on claims. The contractor may issue EOBs to network providers, as stipulated in the network provider agreement. The EOB must clearly describe the action taken on the claim or claims; provide information regarding appeal rights, including the address for filing an appeal; information on the deductible and catastrophic cap status following processing; and, sufficient information to allow a beneficiary to file a claim with a supplemental insurance carrier. The contractor shall mail the requested EOB, without charge to the beneficiary, within 5 calendar days of receiving a request (written, verbal, electronic) for an EOB from a beneficiary, regardless of their status. At the option of the providers, HIPAA-compliant electronic remittance advices shall be provided.

C-7.24. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 4.0.

C-7.25. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. A copy of the documents describing the internal quality management/quality improvement program shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. A report listing

problems identified by the contractor's internal quality management/quality improvement program and the corrective actions planned/initiated shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. The contractor shall provide a quarterly briefing in person or via video teleconference, as proposed by the contractor to the Regional Director and TMA staff on the contractor's ongoing internal quality improvement program. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7; Attachment 10 National Quality Forum, "Serious Reportable Events in Healthcare"; and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

C-7.39. The contractor shall meet with each Regional Director and each MTF in a collaborative and partnering manner to ensure balanced specialty workloads using the contractor's referral protocols with the MTF as the first referral site. The contractor shall provide each MTF with referral information concerning any MTF enrollee within 24 hours of a referral.

C-7.43. The contractor shall have an active provider education program designed to enhance the provider's awareness of TRICARE requirements, to include emphasis on achieving the leading health care indicators of Healthy People 2010, and encourage participation in the program.

OBJECTIVE: - Attain "best value health care" (See TRICARE Operations Manual, Appendix A) services in support of the MHS mission utilizing commercial practices when practical.

EVALUATION SCOPE: M.6.c. Best value health care

M-6.c. Proposals will be evaluated regarding approach to attaining the "best value in health care" as applicable to the Military Health System. This evaluation will evaluate the offeror's model for networks, resource sharing; medical management/care coordination; demand management; network management; referral management; customer service; claims processing, including edits to ensure the medical necessity and appropriateness of the services rendered, and unbundling software, beneficiary and provider education and the offeror's commitment to supporting the MTF.

PROPOSAL SUBMISSION INSTRUCTIONS:

L-14.e.3. Subfactor 3 - Provide the required administrative, management, and health care services, incorporating commercial practices when practical, to attain "best value health care" services in support of the Military Health System mission. The offeror shall describe a fully integrated approach to the delivery of "best value health care services." For all TRICARE beneficiaries, the approach shall include:

L-14.e.3.(a) A discussion of the offeror's commitment to resource sharing, including the criteria, financial or otherwise, upon which the offeror will obligate itself to providing a resource sharing provider. The explanation will address how the provision of resource sharing personnel will result in the efficient use of Government resources.

L-14.e.3.(b) A description of and the effect of the offeror's management of the network on achieving the "Best Value." This discussion shall include provider discounts, provider profiling for clinical efficiency and effectiveness. The contractor will propose TRICARE Prime in all required areas (catchment areas, areas surrounding MTFs as defined in Attachment 11, and BRAC sites); and is encouraged to replicate existing non-mandatory TRICARE Prime sites as specified in Section L, Attachment 8; and may propose Prime and/or Extra service capabilities in additional areaswhere and when it is cost-effective.

L-14.e.3.(c) An explanation of how demand management policies and procedures will affect the delivery of services and how the offeror will ensure that these processes are designed and delivered in a manner that enhances customer satisfaction.

L-14.e.3.(d) A description of the offeror's medical management program, by element, that clearly delineates the services the offeror will provide both within the direct and purchased care systems and how these programs/processes will ensure that only medically necessary services are provided in the appropriate setting while also ensuring that patients receive all services required in support of their health in a manner to support customer satisfaction.

L-14.e.3.(e) A description of how the offeror's claims processing system, excluding claims for TRICARE/Medicare dual eligible beneficiaries, will enforce the above programs while ensuring that covered services are medically necessary and appropriate.

L-14.e.3.(f) A discussion of how the offeror proposes to integrate the healthcare delivery between the direct care system and the offeror's healthcare system to achieve the most efficacious use of MHS resources to highly satisfied customers. The offeror's discussion shall address the impact of the proposed practices on all TRICARE Prime, Extra, and Standard beneficiaries.

L-14.e.3.(g) The contractor shall demonstrate a commitment to engage with TMA, the Regional Director and all MTF Commanders in a collaborative and partnering manner for the success of the TRICARE Program.

REQUIREMENTS:

C-7.1. The contractor shall provide a managed, stable, high-quality network, or networks, of individual and institutional health care providers which complements the clinical services provided to MHS beneficiaries in MTFs and promotes access, quality, beneficiary satisfaction, and "best value health care" for the Government. (See the TOM, Appendix A for the definition of best value health care.)

C-7.1.3. Provider networks for the delivery of Prime and Extra services shall be established to ensure that all access standards are met at the start of health care delivery and continuously maintained in all TRICARE Prime areas. TRICARE Prime areas are defined as a forty-mile radius around catchment areas, the designated military treatment facilities in Attachment 11, Base Realignment and Closure (BRAC) sites, and any additional Prime sites proposed by the contractor. The network must include providers that accept Medicare assignment in sufficient quantity and diversity to meet the access standards of 32 CFR 199.17 for the MHS Medicare population residing in the area.

C-7.1.5. The contractor shall ensure that provider networks and services can be adjusted as necessary to compensate for changes in MTF capabilities and capacities. The contractor shall also ensure that all eligible beneficiaries who live in Prime service areas have the opportunity to enroll, add additional family members, or remain enrolled in the Prime program regardless of such changes. MTF capabilities and capacities may change frequently over the life of the contract without prior notice. The contractor shall adjust the capabilities and capacities of the network to compensate for such changes when and where they occur over the life of the contract, including short notice of unanticipated facility expansion, provider deployment, downsizing and/or closures.

C-7.1.7. The contractor shall ensure that the standards for access, in terms of beneficiary travel time, appointment wait time, and office wait time for various categories of services contained in 32 CFR 199.17(p)(5) are met for beneficiaries residing in a TRICARE Prime service area. These standards shall be met in a manner which achieves beneficiary satisfaction with access to network providers and services as set forth in the contract.

C-7.1.9. The network, or networks, shall complement services provided by MTFs in the region. They shall be sufficient in number, mix, and geographic distribution of fully qualified providers to provide the full scope of benefits for which all Prime enrollees are eligible under this contract, as described in 32 CFR 199.4, 199.5, and 199.17. The contractor's provider networks shall also support the requirements of special programs described in the TRICARE Operations Manual and TRICARE Policy Manual.

C-7.1.16. The contractor shall ensure that network specialty providers provide clearly legible specialty care consultation or referral reports, operative reports, and discharge summaries to the beneficiary's initiating provider within 10 working days of the specialty encounter 98% of the time. In urgent/emergent situations, a preliminary report of a specialty consultation shall be conveyed to the beneficiary's initiating provider within 24 hours (unless best medical practices dictate less time is required for a preliminary report) by telephone, fax or other means with a formal written report provided within the standard 98% of the time. All consultation or referral reports, operative reports, and discharge summaries shall be provided to the provider who intiated the referral within 30 calendar days. (Preferred method of delivery to MTF providers is electronic and will be addressed in the Memorandum Of Understanding (MOU)). If the accreditation standards organization has a more stringent specialty referral-reporting requirement, the contractor shall adhere to that standard.

C-7.2. The contractor shall audit two percent or ten referrals, whichever is greater, of referrals from each MTF monthly to validate the return of all required information within the standard addressed in paragraph C-7.1.16. The two percent sample shall be selected randomly. The contractor shall report the results of the audit to the Administrative Contracting Officer with a copy to the Regional Director and the MTF Commander no later than 45 calendar days following the month from which the sample was selected. The contractor shall develop and implement a corrective action plan every time the audit discloses a failure to respond within standards in more than two percent of the sample.

C-7.3.2. Ninety-six percent of referrals of MHS beneficiaries, residing in TRICARE Prime service areas who seek care through the contractor, shall be referred to the MTF or a civilian network provider. This percentage shall include services rendered in network institutions by hospital-based providers even though no formal referral was made to that individual. The contractor shall achieve improved performance levels related to this requirement in each contract period. The Administrative Contracting Officer may grant an exception to this requirement based upon a fully justified written request from the contractor demonstrating that it is in the best interest of the Government to grant the exception.

C-7.4. For beneficiaries who are not enrolled to an MTF, the contractor shall ensure that care provided, including mental health care, is medically necessary and appropriate and complies with the TRICARE benefits contained in 32 CFR 199.4 and 199.5. The contractor shall use best practices consistent with TRICARE law, regulation and policy in reviewing and approving care and establishing medical management programs to carry out this activity to the extent authorized by law. Notwithstanding the contractor's

authority to utilize its best practices in managing, reviewing and authorizing health care services, the contractor shall comply with the provisions of 32 CFR 199.4 and the TRICARE Policy Manual regarding review and approval of mental health services. The contractor shall be considered a multi-function Peer Review Organization (PRO) under this contract and shall follow all standards, rules, and procedures of the TRICARE PRO program.

C-7.5. The contractor shall establish a system that ensures that care received outside the MTF and referred by the MTF for MTF enrollees is properly entered into the contractor's claims processing system to ensure the appropriate adjudication of claims for enrollee's care. The MTF will transmit referral information in a HIPAA compliant manner. The contractor, using its authority as a Peer Review Organization, shall apply its own utilization management practices to inpatient care received by MTF enrollees in a civilian setting that extends beyond the initial diagnosis related groups (DRG) for which the MTF authorization was issued. The contractor shall fax a copy (or by other electronic means addressed in each MTF MOU) of these utilization management decisions to the MTF Commander the day the decision is made.

C-7.7. The contractor shall operate a medical management program for all MHS eligible beneficiaries receiving care in the civilian sector, except as specified in Section C-7.7.1, that achieve the objectives of this contract. The contractor's medical management program must fully support the services available within the MTF.

C-7.7.1. The contractor shall operate programs designed to manage the health care of individuals with high-cost conditions or with specific diseases for which proven clinical management programs exist. These programs shall be available to TRICARE eligible beneficiaries authorized to receive reimbursement for civilian health care per 32 CFR 199 and active duty personnel whose care occurs or is projected to occur in whole or in part in the civilian sector. When care occurs within an MTF, the contractor is responsible for coordinating the care with the MTF clinical staff as well as the civilian providers. The contractor shall propose medical management programs and patient selection criteria for review and approval of the Regional Administrative Contracting Officer prior to implementation and annually thereafter.

C-7.18. The Contractor shall provide assistance in accessing information about other Department of Defense programs and applicable community/state/federal health care and related resources for all MHS eligible beneficiaries who require benefits and services beyond TRICARE. This function shall be referred to as Health Care Finder Services.

C-7.24. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 4.0.

C-7.25. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. A copy of the documents describing the

internal quality management/quality improvement program shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. A report listing problems identified by the contractor's internal quality management/quality improvement program and the corrective actions planned/initiated shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. The contractor shall provide a quarterly briefing in person or via video teleconference, as proposed by the contractor to the Regional Director and TMA staff on the contractor's ongoing internal quality improvement program. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7; Attachment 10 National Quality Forum, "Serious Reportable Events in Healthcare"; and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

C-7.39. The contractor shall meet with each Regional Director and each MTF in a collaborative and partnering manner to ensure balanced specialty workloads using the contractor's referral protocols with the MTF as the first referral site. The contractor shall provide each MTF with referral information concerning any MTF enrollee within 24 hours of a referral.

OBJECTIVE: Fully operational services and systems at the start of health care delivery. Minimal disruption to beneficiaries and MTFs.

EVALUATION SCOPE: M.6.d. Transition In

Proposals will be evaluated for implementing TRICARE in a manner that ensures that all aspects of the program are fully operational according to the requirements of the contract to include transitional activities. The offeror's approach to minimizing disruption to beneficiaries and the MTFs will also be evaluated. The evaluation will consider the contractor's approach to, and staffing required to implement, claims processing, marketing and education, resource sharing and the extent to which existing networks will provide the current level of service.

PROPOSAL SUBMISSION INSTRUCTIONS:

L-14.e.(4) Subfactor 4 - Ensure that all services and systems are fully operational at the start of health care delivery. Disruption to beneficiaries and MTFs shall be minimized.

The offeror shall present a brief description of and timeline for the major start-up activities. The offeror shall specifically focus on the staff hiring and training schedule and demonstrate that this schedule will result in adequate, trained human resources to achieve the objective. The description shall specifically address how the offeror will minimize disruption to beneficiaries and MTFs. Within this description, the offeror shall specifically address how it will minimize the potential disruption caused by the expiration of all existing resource sharing agreements prior to or at the start of healthcare delivery as well as the offeror's approach to minimizing the number of patients who are required to change clinicians as a result of a change in the network. The offeror shall specifically state, the percentage of current primary care and specialty providers that will continue to be network providers following the start of health care delivery.

REQUIREMENTS:

C-7.1.3. Provider networks for the delivery of Prime and Extra services shall be established to ensure that all access standards are met at the start of health care delivery and continuously maintained in all TRICARE Prime areas. TRICARE Prime areas are defined as a forty-mile radius around catchment areas, the designated military treatment facilities in Attachment 11, Base Realignment and Closure (BRAC) sites, and any additional Prime sites proposed by the contractor. The network must include providers that accept Medicare assignment in sufficient quantity and diversity to meet the access standards of 32 CFR 199.17 for the MHS Medicare population residing in the area.

C-7.15. The contractor shall ensure that enrollment on transition phase-in and transfers of enrollment, i.e., portability, as described in the TRICARE Operations Manual, Chapter 6, are accomplished in a way that allows for uninterrupted coverage for the TRICARE Prime enrollee. During transition, the incoming contractor shall enroll all TRICARE Prime beneficiaries to their assigned PCM and maintain the beneficiary's enrollment periods from the outgoing contractor. If a beneficiary's civilian primary care manager

remains in the TRICARE network, the beneficiary may retain their primary care manager. If the beneficiary must change primary care managers, all enrollments shall be to the MTF until MTF capacity, as determined by the MTF Commander, is reached.

C-7.24. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 4.0.

C-7.25. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. A copy of the documents describing the internal quality management/quality improvement program shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. A report listing problems identified by the contractor's internal quality management/quality improvement program and the corrective actions planned/initiated shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. The contractor shall provide a quarterly briefing in person or via video teleconference, as proposed by the contractor to the Regional Director and TMA staff on the contractor's ongoing internal quality improvement program. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7; Attachment 10 National Quality Forum, "Serious Reportable Events in Healthcare"; and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

C-7.30. The contractor shall collaborate with the Regional Director and MTF Commanders to ensure the most efficient mix of health care delivery between the MHS and the contractor's system within the area. Collaboration includes, but is not limited to, right of first refusal for referrals for all or designated specialty care, including ancillary services; Centers of Excellence (COE); and coordinated preventive health care. The Memorandum of Understanding (drafted by the contractor) between each Regional Director, MTF Commander, and the contractor shall be in writing and must be approved by the Contracting Officer and the Regional Director. The contractor shall initiate discussions related to and prepare the collaborative agreement. (See the TRICARE Operations Manual, Chapter 16)

C-7.39. The contractor shall meet with each Regional Director and each MTF in a collaborative and partnering manner to ensure balanced specialty workloads using the contractor's referral protocols with the MTF as the first referral site. The contractor shall provide each MTF with referral information concerning any MTF enrollee within 24 hours of a referral.

OBJECTIVE: Ready access to contractor maintained data to support the Department of Defense's (DoD) financial planning, health systems planning, medical resource management, clinical management, clinical research, and contract administration activities.

EVALUATION SCOPE: M.6.e. Access to data

The ease with which the offeror provides access, the breadth and depth of information/data available, and the training and on-going support proposed by the contractor will be evaluated. Proposals that do not include on-line, real-time access to data will be considered unacceptable.

PROPOSAL SUBMISSION INSTRUCTIONS:

L-14.e.(5) Subfactor 5 - Provide ready access to contractor maintained data to support DOD's financial planning, health systems planning, medical resource management, clinical management, clinical research, and contract administration activities.

The offeror shall describe access to and use of its proposed on-line, real-time data storage system. The offeror shall also describe the training and on-going support the offeror will provide the Government and include a specific reference to those access points required by the technical requirements in Section C. The offeror shall describe the content of the data that will be available to the Government, restrictions and/or limitations.

REQUIREMENTS:

C-7.24. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 4.0.

C-7.25. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. A copy of the documents describing the internal quality management/quality improvement program shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. A report listing problems identified by the contractor's internal quality management/quality improvement program and the corrective actions planned/initiated shall be provided to the Contracting Officer in accordance with Section F, paragraph F.5. The contractor shall provide a quarterly briefing in person or via video teleconference, as proposed by the contractor to the Regional Director and TMA staff on the contractor's ongoing internal quality improvement program. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7; Attachment 10 (listed in Section J), National Quality Forum, "Serious Reportable Events in Healthcare"; and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

C-7.37. The contractor shall furnish the DoD TRICARE Information Center and all Health Benefits Advisors and Beneficiary Counseling and Assistance Coordinators located in each region with read only access to claims data. The contractor shall provide training and ongoing customer support for this access.

C-7.37.1. The contractor shall provide unlimited read-only off-site electronic access to all TRICARE related data maintained by the Contractor. Minimum access shall include two authorizations at each MTF, two authorizations at each Surgeon General's Office, two authorizations at the Regional Director's Office, two authorizations at Health Affairs, two authorizations at TMA-Washington, two authorizations at TMA-Aurora, two authorizations for each Intermediate Command listed in Attachment 9, and authorization for each on-site Government representative. The contractor shall provide training and ongoing customer support for this access.